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CONFIRMATION NO. 3353

<b>SERIAL NUMBER</b> 10/684,777	<b>FILING OR 371(c) DATE</b> 10/14/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> WYNC-0716 (AM101156-1)
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**CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/418,591 10/15/2002

**FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 01/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged Examiner's Signature Initials

**ADDRESS**  
38791

**TITLE**  
Use of norepinephrine reuptake modulators for preventing and treating vasomotor symptoms

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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